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23410 7590 02/12/2008

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<i>Jocelyn L. Lee</i>	(Depositor's name)
<i>Jocelyn L. Lee</i>	(Signature)
<i>5/12/08</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/663,048	09/15/2000	Robert S. Behl	02-061 (US01)	3396

TITLE OF INVENTION: METHODS AND SYSTEMS FOR FOCUSED BIPOLAR TISSUE ABLATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<i>YES NO</i>	<i>\$220 1400</i>	<i>\$8 300</i>	\$0	<i>\$220 1700</i>	05/12/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
COHEN, LEE S	3739	606-041000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE
 BOSTON SCIENTIFIC
 SCIMED, INC.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)
 Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ Publication Fee (No small entity discount permitted)
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Michael S. Davidson*
 Typed or printed name **Michael S. Davidson**

Date *5/12/08*
 Registration No. **43,577**

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